



Employment Application

City of Raleigh

Personnel Department

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. This record will be strictly confidential and the exclusive property of the City of Raleigh, North Carolina.

A separate City of Raleigh application must be received or postmarked on or before the closing date for each position for which you are applying.

The City of Raleigh complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Raleigh.

In accordance with Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

The City of Raleigh is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



222 WEST HARGETT ST. P.O. BOX 590 RALEIGH, NC 27602
PHONE: (919) 996-3315 24-HOUR JOB INFORMATION LINE: 996-3305
www.raleighnc.gov/employment

PERSONAL DATA: PART I

1. Position for which you are applying: _____ Position Number _____

2. Name _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

3. Phone: Area Code/No. Daytime () - - Evening () - - Other () - -

4. Email address: _____

5. Present mailing address: _____
 (NUMBER AND STREET, RFD OR POST OFFICE BOX NUMBER)
 (CITY) (COUNTY) (STATE) (ZIP CODE)

6. Permanent address if other than shown above: _____

7. Name of person to be notified in case of emergency: _____
 () -
 (ADDRESS) (PHONE NUMBER) (RELATIONSHIP)

EDUCATION AND TRAINING: PART II

HIGHEST GRADE COMPLETED	HIGH SCHOOL EQUIVALENCY TEST/GED	COLLEGE
Grade School High School	Date State Awarded Institution Where	Indicate Number of Credit Hours Received Semester Hrs. Quarter Hrs.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	GRADUATED Yes No	TYPE OF DIPLOMA OR DEGREE	MAJOR/ MINOR OR FIELD OF STUDY
High School or Vocational School				
Technical Institutions or Schools				
College or University				
Graduate School				

8. Special professional and vocational qualifications, i.e., licenses, publications, public speaking, membership in professional or scientific societies, and volunteer experience: _____

9. Awards, honors, and fellowships received: _____

OFFICE/COMPUTER/EQUIPMENT SKILLS HISTORY:

Part III

1. In the space provided, please place an **X** beside the skills you possess:

- ☐ Typing (wpm ____)
- ☐ Data Entry (wpm ____)
- ☐ Calculator Touch ____ Sight ____
- ☐ Word Processor
- ☐ Copy Machine
- ☐ Fax Machine
- ☐ Microfilm/Microfiche
- ☐ Computer (*List software proficient in e.g. Word, Excel, Access, etc.*) ____

2. Place an **X** beside each type of equipment you have operated:

- ☐ Farm Type Tractor
- ☐ Tractor Mower
- ☐ Dump Truck
- ☐ Flat Bed Truck
- ☐ Street Sweeper
- ☐ Pot Hole Patcher
- ☐ Asphalt Roller
- ☐ Drainage Truck
- ☐ Asphalt Paver
- ☐ Flusher
- ☐ Load Packer
- ☐ Front End Loader
- ☐ Backhoe
- ☐ Landfill Compactor
- ☐ Motor Grader
- ☐ Terrogator
- ☐ Crane
- ☐ Chipper
- ☐ Leaf Machine
- ☐ Cement Mixer
- ☐ Air Compressor
- ☐ Other ____

3. Place an **X** beside positions you have held:

- ☐ Custodial Worker
- ☐ Shrubbery Worker
- ☐ Supply Clerk
- ☐ Welder
- ☐ Carpenter
- ☐ Electrician
- ☐ Brick Mason
- ☐ Maintenance Repair
- ☐ Painter
- ☐ Mechanic
- ☐ Landscaper
- ☐ Street Cleaner
- ☐ Parts Clerk
- ☐ Garbage Collector
- ☐ Tree Work
- ☐ Heavy Equipment Operator
- ☐ Groundskeeper
- ☐ Plumber
- ☐ Concrete Worker
- ☐ Asphalt Worker

WORK HISTORY: PART IV

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

A. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
<hr/>		
Reason for leaving:		
<hr/>		
May we contact your present employer regarding your record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>		

B. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
<hr/>		
Reason for leaving:		
<hr/>		

C. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
<hr/>		
Reason for leaving:		
<hr/>		

MILITARY SERVICE: PART V

11. Have you ever served in the U.S. Armed Forces?
If your answer is "yes" complete items below.

☐ Yes ☐ No

Branch of Service

Active Duty

Rank upon separation/discharge

Date of Final Discharge

From: To:

Month/Day/Year Month/Day/Year

12. Describe special training and military assignments related to job applied for (if applicable):

ADDITIONAL INFORMATION: PART VI

Answer items 13 through 18 by placing an "x" in the proper column.	YES	NO
13. Have you ever been employed by the City of Raleigh? (State your name at that time in Item 20 if it was different from your present name.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you related by blood or marriage to any person now employed by the City of Raleigh? If "yes", give name and relationship and the Department in which the relative works in Item 20. Relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, and first cousin.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed or forced to resign from any position? If yes, give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are applying for a position that requires a driver's license, are you licensed by the State of North Carolina to operate a vehicle? License No. Class CDL Class (A valid North Carolina Driver's License will be required.)	<input type="checkbox"/>	<input type="checkbox"/>

19. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under Part IV, WORK HISTORY.

NAME	PRESENT BUSINESS OR HOME ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION

20. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

PHYSICAL EXAM AND CONTROLLED SUBSTANCE TESTING: A routine pre-employment physical exam, administered through the Employee Health Center, is required following an offer of employment. Any medical problems identified during the physical exam that are directly related to the ability to perform assigned duties may result in withdrawal of job offer or termination if already employed.

Controlled substance testing is required prior to finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS: Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the City of Raleigh.

FOR MALES AGE 18 THROUGH 25 ONLY: Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: ☐ YES ☐ NO

MANAGEMENT POLICY: PART VII

TITLE: EMPLOYMENT OF RELATIVES

No person shall be employed, promoted, demoted, transferred, or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place but avoid supervision or other situations where influence over a relative's employment conditions could be exercised.

No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position.

This policy applies to all employment actions, including new hires, promotions, demotions, and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur.

Every new hire and candidate for promotion will sign a statement acknowledging an understanding of this policy and its potential effect on their employment with the City of Raleigh.

DEFINITION OF RELATIVE: For purposes of this policy, relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, including such relationships by marriage, and first cousin.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

DECLARATION OF APPLICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by the City of Raleigh. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

Date

Applicant's Signature

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE CITY OF RALEIGH

JOB TITLE/NUMBER _____ DEPT _____

SUPPLEMENT TO CITY OF RALEIGH EMPLOYMENT APPLICATION

This form is confidential and is used by the Personnel Department to obtain background investigation and compile Equal Employment Opportunity statistical data. Please **fully complete** relevant sections in **LEGIBLE PRINT** so that your application can be processed.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I authorize the City of Raleigh, its contractors, and its agents, to contact orally or in writing any third parties to obtain information which the City of Raleigh or its agent deems necessary and appropriate in verifying my application and qualifications for employment. I specifically authorize the City of Raleigh, its contractors, and its agents to:

Obtain information from my present or former employers and any person or educational institution identified on my employment application, or developed as a reference from information supplied by me, concerning my work, academic records, character, or skills.

Obtain information from any state or local law enforcement agency and from U.S. Military authorities concerning my conduct, including Criminal History Records and Motor Vehicle Records.

I also request that these persons and institutions provide information to and cooperate with the City of Raleigh, its contractors, and its agents with respect to these requests for background information. I hereby waive any rights or claims I might have against all persons, firms, and corporations seeking information, including the City of Raleigh, its contractors, and its agents with regard to the acquisition, use, retention, or disclosure of any such information.

Name _____
LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

Date of Birth _____ Sex _____ Race _____
MONTH DAY YEAR MALE FEMALE

Driver's Lic. No. _____ State _____ Type of License: CLASS A ___ B ___ C ___ CDL: CLASS A ___ B ___ C ___

PLEASE PROVIDE 10 FULL YEARS OF ADDRESSES BELOW: (Do not list post office boxes.)

Current Address _____
STREET OR RFD CITY COUNTY STATE _____ years ____mo.
Length of time at residence

Previous Address _____
STREET OR RFD CITY COUNTY STATE _____ years ____mo.
Length of time at residence

Previous Address _____
STREET OR RFD CITY COUNTY STATE _____ years ____mo.
Length of time at residence

Previous Address _____
STREET OR RFD CITY COUNTY STATE _____ years ____mo.
Length of time at residence

Previous Address _____
STREET OR RFD CITY COUNTY STATE _____ years ____mo.
Length of time at residence

Are you a **current** employee of the City of Raleigh? YES _____ NO _____

Have you ever been employed by the City of Raleigh? List dates: _____

Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES _____ NO _____

Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES _____ NO _____

APPLICANT'S SIGNATURE _____ DATE _____

(FOR OFFICE USE ONLY)

CST appt _____	dl sent _____	cc sent _____	cc results: _____	start: _____	Supervisor: _____	Telephone: _____
results _____	dl results _____	Approved to apply for City permit _____				Not Approved to apply for City permit _____